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CONFIRMATION NO. 9972

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|--|---|-------------------------------|---|---|---------------------------------|
| <b>SERIAL NUMBER</b><br>09/888,679   | <b>FILING OR 371(c) DATE</b><br>06/25/2001<br><b>RULE</b>   | <b>CLASS</b><br>239           | <b>GROUP ART UNIT</b><br>3752   | <b>ATTORNEY DOCKET NO.</b><br>11694/04112 |                                 |
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| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/277,149 03/19/2001<br>and claims benefit of 60/238,277 10/05/2000   |   |                               |   |   |                                 |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |   |                                 |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/15/2001</b>   |   |                               |   |   |                                 |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | <b>STATE OR COUNTRY</b><br>OH | <b>SHEETS DRAWING</b><br>32   | <b>TOTAL CLAIMS</b><br>64                 | <b>INDEPENDENT CLAIMS</b><br>12 |
| <b>ADDRESS</b><br>27483  |   |                               |   |   |                                 |
| <b>TITLE</b><br>POWDER COATING SYSTEM WITH IMPROVED OVERSPRAY COLLECTION   |   |                               |   |   |                                 |
| <b>FILING FEE RECEIVED</b><br>2352   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                 |

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